

Declaration Form for OMSB Residency Applicants

1. GENERAL:	YES	NO
1.1. Can you communicate (speak, write, and read) in Arabic Comprehensibly and Clearly?		
1.2. Can you communicate (speak, write, and read) in English Comprehensibly and Clearly?		
1.3. Do you have any learning disability (e.g. Dyslexia or any other learning disability)?*		
1.4. Do you have an infectious disease that can interfere with your work as a clinician?*		
1.5. Do you have any mental health problem that can interfere with your work as a clinician?*		
1.6. Do you have a physical disability that can interfere with your work as a clinician?*		
1.7. Have you ever been convicted in any crime or misdemeanor, or are you now under investigation or a suspect in an ongoing investigation for any criminal/misdemeanor act?*		
1.8. Are you currently involved in any work/job/organization that can interfere with this application or that you feel might be of interest to OMSB authority?*		
2. UNDERGRADUATE MEDICAL EDUCATION:	YES	NO
2.1. Did you finish your medical school in the prescribed time for an average medical student (e.g. 6.5 years for SQU and 7 years for OMC)?		
2.2. Have you ever been accused of plagiarism during your medical school studies?*		
2.3. Have you ever been disciplined due to a non-professional or non-ethical behavior?*		
2.4. Have you completed your Internship? If not, state the expected date of completion.....		

* If you have answered **YES** to any of the following questions: 1.3 – 1.8, 2.2 – 2.3; Please provide details and explanation below or in a separate attached sheet of paper.

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I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration Form, including any attached application materials, is true, correct, complete, and made in good faith. I **understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not accepting my application as an OMSB resident or for discharge from a Training Program at a later date after acceptance.** I **understand** that any information I give may be investigated for purposes of determining eligibility for OMSB Residency training. I **consent** to the release of information about my ability and fitness for Residency training by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the OMSB.

Name of applicant to OMSB programs:

Date of Birth:

National I.D. card number:

Date of declaration:

Signature of applicant: